582 CARDIAC TRANSPLANTATION

- 78. Lelcuk S, Alexander F, Kobzik L, et al: Prostacyclin and thromboxane A<sub>2</sub> moderate postischemic renal failure. Surgery 1985; 98:207-212
- 79. Stork JE, Rahman MA, Dunn MJ: Eicosanoids in experimental and human renal disease. Am J Med 1986; 34 (suppl 1A):34-45
- 80. Iaina A, Herzog D, Cohen D, et al: Calcium entry-blockade with verapamil in cyclosporine A plus ischemia induced acute renal failure in rats. Clin Nephrol 1986; 25 (suppl):S168-S170
- 81. Neumayer H, Wagner K: Diltiazem and economic use of cyclosporin. Lancet 1986; 2:523-525
- 82. Griño JM, Sabate I, Castelao AM, et al: Influence of diltiazem on cyclosporin clearance (Letter). Lancet 1986; 1:1387
- 83. Zjaontz OL: The National Organ Transplantation Act. Bull Am Coll Surg 1985: 70:5-18
- 84. Gilbert EM, Sorensen S, Laser J, et al: Echocardiography as the primary means of screening cardiac transplant donors (Abstr). Circulation 1986; 74 (suppl 2):178
- 85. Emery RW, Cork RC, Levison MM, et al: The cardiac donor: A six-year experience. Ann Thorac Surg 1986; 41:356-362
- 86. Novitzky D, Wicomb WN, Cooper DKC, et al: Electrocardiographic, hemodynamic, and endocrine changes occurring during experimental brain death in the Chacma baboon. Heart Transplant 1984; 4:63-69
- Donahue BC, Stevenson LW, Sadeghi A, et al: Early electrocardiographic abornmalities in donor hearts following transplantation (Abstr). J Heart Transplant 1988: 7:83
- 88. Billingham ME: Diagnosis of cardiac rejection by endomyocardial biopsy. Heart Transplant 1981; 1:25-30
  - 89. Mariguchi JM, Stevenson LW, Kobashigawa JA, et al: Decrease in 2-dimen-

- sional echocardiographic ejection fraction during transplant rejection: A study of 400 biopsies (Abstr). J Am Coll Cardiol 1988; 11:121A
- 90. Paulsen W, Magid N, Sagar K, et al: Left ventricular function of heart allografts during acute rejection. Heart Transplant 1985; 4:525-529
- 91. Follansbee P, Kiernan JM, Curtiss EI: Acute rejection in the cardiac allograft is associated with measurable decreases in left ventricular ejection fraction (Abstr). Circulation 1986; 74 (suppl 2):160
- 92. Ertel W, Reichenspurner H, Lersch C, et al: Cytoimmunological monitoring in acute rejection and viral, bacterial, or fungal infection following transplantation. Heart Transplant 1985; 4:390-394
- 93. First W, Yasuda T, McDougall R, et al: Non-invasive detection of human cardiac transplant rejection with In-III antimyosin (FAB) imaging (Abstr). Circulation 1986; 74 (suppl 2):219
- 94. Stevenson LW, Lewis W, MacAlpin RN, et al: Acute reversible cardiogenic shock: Immune-mediated with mild histologic change. Am Heart J 1986; 111:611-613
- 95. Savin WM, Schroeder JS, Haskell WL: Response of cardiac transplant recipients to static and dynamic exercise: A review. Heart Transplant 1982; 1:72-79
- 96. Stevenson LW, Sietsema KE, Lem V, et al: Cardiac transplantation compared to sustained medical therapy for stable heart failure: Exercise capacity is not different. Circulation, in press
- 97. Gao SZ, Schroeder J, Alderman E, et al: Clinical and laboratory correlates of accelerated coronary vascular disease in the cardiac transplant patient (Abstr). Circulation 1986; 74:II-219
- 98. Wohlgelernter D, Stevenson LW, Brunken R: Reversal of ischemic myocardial dysfunction by PTCA in a cardiac transplant patient. Am Heart J 1986; 112:1837-1839

## **Book Review**

The Western Journal of Medicine does not review all books sent by publishers, although information about new books received is printed elsewhere in the journal as space permits. Prices quoted are those given by the publishers.

## Geriatric Ambulatory and Institutional Care

James D. Lomax, MD, Director, Department of Family Practice, Long Island College Hospital, Brooklyn, New York. Ishiyaku EuroAmerica, Inc, 11559 Rock Island Ct, Maryland Heights, MO 63043, 1987. 209 pages, \$27.50 (paperback).

This multiauthored paperback is intended to supplement traditional textbooks of geriatric medicine and gerontology. It is clearly not intended to be comprehensive or encyclopedic but rather, to cover ten topics that the authors thought were absent or inadequately covered in more traditionally formatted texts. As is common in multiauthored books, the utility of each chapter varies with the depth of coverage and quality of the writing. Most chapters have references; some are as recent as 1985.

After an introductory chapter on the demographics of aging, a chapter on health resources discusses Medicare, nursing homes, home care, hospices, day hospitals, and life care communities. These topics are briefly touched upon in a depth suitable for only the briefest of survey courses in gerontology.

The chapter on rehabilitation provides a good introduction to some elements of physical medicine, including the rudiments of prescribing assistive devices such as canes and wheelchairs. The advice shows common sense, and the illustrations in this chapter are useful. The chapter on geriatric dentistry gives an excellent introduction to a topic often stinted in medical education. A useful feature of this chapter is a section on medical-dental interactions, including aspects of dental care for patients on anticoagulant medication, with pacemakers, or undergoing radiation therapy and chemotherapy.

The chapter on urinary incontinence is brief but covers many important aspects of this major problem. The book includes an excellent and comprehensive chapter on sex and aging. The chapter on ostomy therapy is useful, covering material often lacking in standard geriatrics texts. The application of a problem-oriented systematic approach to the nursing care of elderly patients is also addressed in sufficient detail. A lengthy chapter on prescribing a physical activity program for older persons is comprehensive and may serve as a useful reference. One chapter stresses aspects of health care education pertinent to the elderly, and a brief chapter on death and dying offers some helpful advice concerning care of the terminally ill.

Overall, this book might serve as a useful adjunct to more comprehensive texts in an elementary course on geriatric medicine. The material is not covered in sufficient depth to satisfy the needs of geriatric fellows or other advanced students of this field. As the content of programs on geriatric medicine becomes better defined, the need for such a supplementary collection of topics will diminish as pertinent areas are added to more traditionally formatted textbooks.

JAY S. LUXENBERG, MD

Associate Medical Training Director San Francisco Institute on Aging Mount Zion Hospital and Medical Center San Francisco, California